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October DY6 Reporting: Category 3

**Category 3 Team,
Transformation Waiver Operations
October 4, 2017**

October DY6 Reporting: Cat 3

Reporting Eligibility



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DY6 R2 Reporting Eligibility

- Category 3 outcomes (PM-10, PM-12, AM-2.x, AM-3.x) & PFPs (AM-3.x):
 - Outcomes with an approved baseline are eligible to report all performance years completed by September 30, 2017.
 - Certain Category 3 outcomes will be eligible to correct baseline and/or reported performance through the October DY6 measurement period. Eligible outcomes can be corrected, even if performance is not being reported at this time. Correction eligibility will be indicated in the template.





DY6 R2 Reporting Eligibility

- Stretch Activities (PM-11):
 - DY5 Carryforward Stretch Activities may be reported, if the associated reported activities and/or data were completed by September 30, 2017.
 - DY6 Stretch Activity milestones are considered annual reporting milestones and are now eligible to be reported in October DY6.



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Measurement Periods



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Baselines for Cat 3 Outcomes

- Cat 3 outcomes are generally required to submit a baseline with 6-12 months of data (with few exceptions) with a measurement period that starts by 01/01/12 and ends by 09/30/14.
 - Baselines that end by 09/30/14 (the end of DY3) are considered standard baselines.
 - In cases where a provider has inadequate data to establish a baseline ending by 09/30/14, DY4 data may be used. This results in a change to the milestone structure in DY4. DY4 baselines must be reported with 12 months of data. The 12-month period should be as early as possible and end no later than the end of DY4.
- October DY5 reporting was the last opportunity to report a Cat 3 outcome baseline for payment.



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Baselines for PFPMs

- For PFPM milestones newly selected in DY6, the baseline should be a 12-month measurement period aligned with either DY4 (10/01/14 - 09/30/15) or DY5 (10/01/15 - 09/30/16), with some exceptions.



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Measurement Periods

- Performance measurement periods should be a full 12 months, even if measure specifications or administration methodology indicate a shorter measurement period.
- Outcomes reporting performance with less than 12 months of data will receive an NMI determination.



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Demonstration Years vs Performance Years



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- While metric funds are tied to a specific DY, the measurement periods for Cat 3 achievement don't always align with the DY
- Cat 3 measurement periods are referred to as Performance Years (PY) rather than Demonstration Years (DY)
 - DYs refer to the 10/1 – 9/30 divisions within the waiver lifecycle (e.g., DY5 is 10/1/15 - 09/30/16)
 - PYs refer to the 12 month period during which a Cat 3 milestone can be achieved. PYs vary based on the baseline measurement period.
- Carrying forward due to partial achievement does not result in a change to the PY1, PY2, PY3, or PY4 measurement periods, which are the 12 months immediately following the end of the preceding measurement period. Carrying forward performance means shifting the unachieved portions of an improvement target to the next 12 month PY measurement period.

PY1 & PY2

- Generally, an outcome's first PY is the 12 months immediately following the end of the baseline period (PY1 for standard baselines; PY2 for DY4 Baselines and PFPs selected prior to DY6)
- Subsequent PYs are the 12 months immediately following the end of the previous PY measurement period
- Example:

Measurement Period	Standard Baseline	DY4 Baseline/ DY5 PFP
Baseline	10/01/2013 -09/30/2014	01/31/2014 -12/31/2014
PY1	10/01/2014 -09/30/2015	N/A
PY2	10/01/2015 -09/30/2016	01/01/2015 -12/31/2015



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Measurement Periods in DY6: PY3A



- PY3A is the standard 12 month period following PY2.
- It is used to report achievement of any carried forward DY5 milestones
 - A provider with a DY5 carried forward P4P (AM-2.x*), Maintenance (PM-12*), or PFPM (AM-3.x*) milestone will report the carried forward DY5 goal in DY6 using the PY3A measurement period.



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Measurement Periods in DY6: PY3B

- PY3B is used to report achievement of DY6 milestones.
- It is defined based upon the outcome type:
 - **P4R** (PM-10):
 - PY3B is the 12 month period immediately following the PY2 measurement period approved for use in DYs 3-5.
 - **P4P of PFPM Newly Selected for DY6** (AM-3.x):
 - For PFPMs where there was no PFPM milestone in DY5 and the selected measure does not duplicate a PFPM selection from DY5, PY3B is DY6 (10/01/16 – 09/30/17) unless otherwise approved by HHSC.
 - For these outcomes, PY3B is the first opportunity to report performance.





Measurement Periods in DY6: PY3B – cont.

- **P4P** (AM-3.x), **Maintenance** (PM-12), or **PFPM** continuing from **DY5** (AM-3.x):
 - PY3B can be either:
 - the 12 months following PY2 so that PY3A and PY3B use the same measurement period and report the same rates
 - the 12 months that align with DY6 (10/01/16 – 09/30/17)
 - Providers opting to use the non-consecutive PY3B measurement period for DY6 achievement will still need to use the standard PY3A measurement period that follows their PY2 measurement period for achievement of any carryforward from DY5 milestones.
- DY6 achievement can be only be reported in October DY6 reporting, if the PY3B end date is on or before 09/30/17.



Measurement Periods in DY6: PY4



- PY4 is the 12 month period following PY3B.
- It is used to report carried forward achievement from a DY6 milestone, in the event that the DY6 milestone is not fully achieved in the selected PY3B measurement period.
- A provider carrying forward achievement of a DY6 P4P (AM-3.x), Maintenance (PM-12), or PFPM (AM-3.x) milestone will report DY6 achievement using the PY4 measurement period.



Summary of PY3A, PY3B & PY4 by Outcome Type



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Outcome Type	DY5 Carryforward of Achievement		DY6		DY6 Carryforward of Achievement	
	Milestone	PY3A Definition	Milestone	PY3B Definition	Milestone	PY4 Definition
P4R	NA	NA	PM-10	12 mos. following PY2	NA	NA
Maintenance	PM-12*	12 mos. following PY2	PM-12	12 mos. following PY2 <u>or</u> DY6	PM-12	12 mos. following PY3B
P4P	AM-2.x*		AM-3.x		AM-3.x	
PFPM	AM-3.x*		AM-3.x		AM-3.x	

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DY5 & DY6 Category 3 Milestones



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DY5 & DY6 Milestone Structures

- DY6 milestone structure is determined by DY5 milestone structure. Milestone structures vary based on whether an outcome is a P4R, P4P, or Maintenance outcome.
- Milestone structure can be confirmed in the Cat 3 Summary Workbook or October DY6 Cat 3 Reporting Template.

DY5 Milestone Structure	DY6 Milestone Structure
DY4 Baseline Maintenance SA	Maintenance
DY4 Baseline P4P	P4P
DY4 Baseline P4R PFP	P4P (of PFPM outcome)
DY4 Baseline P4R SA	P4R and Stretch Activity
DY4 Baseline P4R SA	P4P (of PFPM outcome)
Standard Maintenance PFP	P4P (of PFPM outcome)
Standard Maintenance SA	Maintenance
Standard P4P	P4P
Standard P4R PFP	P4P (of PFPM outcome)
Standard P4R SA	P4R and Stretch Activity
Standard P4R SA	P4P (of PFPM outcome)



Milestone Structures

Standard or DY4 Baseline P4P Outcome

DY	Milestone	Milestone Description	Payment
DY5	AM-2.x*	Achievement of DY5 performance goal	100% of Cat 3 DY5 Allocation
DY6	AM-3.x	Achievement of DY6 performance goal	100% of Cat 3 DY6 Allocation

- Standard or DY4 Baseline P4R with DY5 PFPM

DY	Milestone	Milestone Description	Payment
DY5	PM-10*	Successful reporting to approved measure specifications	50% of Cat 3 DY5 Allocation
	AM-3.x*	Achievement of DY5 PFPM goal	50% of Cat 3 DY5 Allocation
DY6	AM-3.x	Achievement of DY6 PFPM goal	100% of Cat 3 DY6 Allocation



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Milestone Structures–cont.

Standard or DY4 Baseline P4R with DY5 & DY6 Stretch Activity

DY	Milestone	Milestone Description	Payment
DY5	PM-10*	Successful reporting to approved measure specifications	50% of Cat 3 DY5 Allocation
	PM-11*	Successful achievement of Stretch Activity	50% of Cat 3 DY5 Allocation
DY6	PM-10	Successful reporting to approved measure specifications	50% of Cat 3 DY6 Allocation
	PM-11	Successful achievement of Stretch Activity	50% of Cat 3 DY6 Allocation

Standard or DY4 Baseline P4R with DY5 & DY6 PFPM

DY	Milestone	Milestone Description	Payment
DY5	PM-10*	Successful reporting to approved measure specifications	50% of Cat 3 DY5 Allocation
	PM-11*	Successful achievement of Stretch Activity	50% of Cat 3 DY5 Allocation
DY6	AM-3.x	Achievement of DY6 PFPM DY6 goal	100% of Cat 3 DY6 Allocation



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Milestone Structures-cont.

Standard Maintenance Outcome with DY5 PFPM

DY	Milestone	Milestone Description	Payment
DY5	PM-12*	Maintain baseline high performance level	50% of Cat 3 DY5 Allocation
	AM-3.x*	Achievement of DY5 PFPM goal	50% of Cat 3 DY5 Allocation
DY6	AM-3.x	Achievement of DY6 PFPM goal	100% of Cat 3 DY6 Allocation

- Providers will maintain statistically significant maintenance of high performance, defined as two proportion z-test with a significance level of .10 (calculator available at <http://www.socscistatistics.com/tests/ztest/Default2.aspx>).



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Milestone Structures-cont.

Standard or DY4 Baseline Maintenance Outcome with DY5 Stretch Activity

DY	Milestone	Milestone Description	Payment
DY5	PM-12*	Maintain baseline HPL	50% of Cat 3 DY5 Allocation
	PM-11*	Successful achievement of Stretch Activity	50% of Cat 3 DY5 Allocation
DY6	PM-12	Maintain baseline HPL	100% of Cat 3 DY6 Allocation

- Providers will maintain statistically significant maintenance of high performance, defined as two proportion z-test with a significance level of .10 (calculator available at <http://www.socscistatistics.com/tests/ztest/Default2.aspx>).



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Calculating Performance Goals



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DY6 Performance Goals

- P4P outcomes approved to use a standard baseline, outcomes approved to use a DY4 baseline, and PFPM outcomes will all use the same goal calculations to determine goals for DY6 milestone AM-3.x.



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DY6 QISMC Goal Setting for P4P Outcomes

- For baselines near HPL, a standardized improvement floor is used.
- For baselines above HPL, goals are the lesser absolute value of improvement of a 12.5% gap closure towards perfect, or baseline + 10% of the difference between the HPL and MPL in DY6.
- This formula may result in lower DY6 goals for outcomes with a baseline above HPL, and higher goals for outcomes with a baseline below HPL.

Direction	Baseline	DY6 Goal
Negative	Below MPL	$MPL - .15 * (MPL - HPL)$
	Between MPL & HPL	the lesser of: $baseline - .25 * (baseline - HPL)$; or $baseline - .10 * (MPL - HPL) +$
	Above HPL	the greater of: $baseline - .125 * (baseline)$; or $baseline - .10 * (MPL - HPL) +$
Positive	Below MPL	$MPL + .15 * (HPL - MPL)$
	Between MPL & HPL	the greater of: $baseline + .25 * (HPL - baseline)$; or $baseline + .10 * (HPL - MPL) +$
	Above HPL	the lesser of: $baseline + .125 * (1 - baseline)$; or $baseline + .10 * (HPL - MPL) +$



DY6 IOS Goal Setting for P4P Outcomes

- Goals are a 12.5 percent gap closure towards perfect (the best possible rate, in most cases this will be 1 or 0 depending on directionality) over baseline.

Direction	DY6 Goal
Negative	$\text{baseline} - .125 * (\text{baseline})$
Positive	$\text{baseline} + .125 * (\text{perfect} - \text{baseline})$

DY6 IOS –Survey Goal Setting for P4P Outcomes

- The table below shows the IOS - Survey P4P goals in DY6 for survey based outcomes in ODs 10 and 11 based on the various reporting scenarios.

Direction	Reporting Scenario	DY6 Goal
Negative	Scenario 1	Posttest baseline - $.125 * (\text{pretest baseline} - \text{posttest baseline})$
	Scenario 2 & 3	Baseline - $.125 * (\text{baseline} - \text{min score})$
Positive	Scenario 1	Posttest baseline + $.125 * (\text{posttest baseline} - \text{pretest baseline})$
	Scenario 2 & 3	Baseline + $.125 * (\text{max score} - \text{baseline})$



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Goal Achievement



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Carryforward of Milestones



- Unearned funds can be carried forward into the next Category 3 12-month performance measurement period. Achievement may not be carried forward beyond the 12 months following the performance measurement period in which initial achievement was less than the goal.
- The DY5 AM-2.x milestone may be reported with PY2, and unachieved portions of the DY5 milestone are automatically carried forward and may be earned in PY3A.
- The DY6 AM-3.x milestone may be reported in PY3B, and unachieved portions of the DY6 milestone are automatically carried forward and may be earned in PY4.



Partial Achievement

- In DY6, a provider may earn carried forward unearned portions of the DY5 funds AND earn DY6 funds.
- P4P outcomes are eligible for partial payment related to percent of goal achieved.

Goal Achievement Reported in DY6		Payment in DY6
DY5 Goal	Less than 25% achievement of goal	No Payment for AM-2.x*
	At least 25% achievement of goal	25% of funds for AM-2.x*
	At least 50% achievement of goal	50% of funds for AM-2.x*
	At least 75 % achievement of goal	75% of funds for AM-2.x*
	100% Achievement of goal	100% of funds for AM-2.x*
DY6 Goal	Less than 25% achievement of goal	No Payment for AM-3.x
	At least 25% achievement of goal	25% of funds for AM-3.x
	At least 50% achievement of goal	50% of funds for AM-3.x
	At least 75 % achievement of goal	75% of funds for AM-3.x
	100% Achievement of goal	100% of funds for AM-3.x



Partial Payment Details

- Providers may report multiple PYs in the same reporting period, and will earn the highest percent of goal achieved associated with a single AM milestone reported.
- Providers that carryforward achievement and either maintain or decrease percent of goal achieved for a single achievement milestone will not receive additional achievement funds, but will not lose funds previously earned.



Achievement Calculations

- Providers reporting performance will enter the numerator and denominator in the reporting template. The template will calculate the percentage of goal achieved.
- Category 3 goal achievement formulas are determined by the measure directionality (positive or negative) and the baseline measurement period type (Standard or DY4).

DY	Milestone	PY	Positive Direction (higher rates indicate improvement)	Negative Direction (Lower rates indicate improvement)
DY5	AM-2-x	PY2	$(\text{PY2 achieved} - \text{baseline}) / (\text{DY5 goal} - \text{baseline})$	$(\text{baseline} - \text{PY2 achieved}) / (\text{baseline} - \text{DY5 goal})$
	Carryforward of AM-2.x	PY3A	$(\text{PY3A achieved} - \text{baseline}) / (\text{DY5 goal} - \text{baseline})$	$(\text{baseline} - \text{PY3A achieved}) / (\text{baseline} - \text{DY5 goal})$
DY6	AM-3.x	PY3B	$(\text{PY3B achieved} - \text{PY1 goal or equivalent}) / (\text{DY6 goal} - \text{PY1 goal or equivalent})$	$(\text{PY1 goal or equivalent} - \text{PY3B achieved}) / (\text{PY1 goal or equivalent} - \text{DY6 goal})$
	Carryforward of AM-3.x	PY4	$(\text{PY4 achieved} - \text{PY1 goal or equivalent}) / (\text{DY6 goal} - \text{PY1 goal or equivalent})$	$(\text{PY1 goal or equivalent} - \text{PY4 achieved}) / (\text{PY1 goal or equivalent} - \text{DY6 goal})$





Example of Goal Achievement – PY1

Rate Part 1 of 1						
	Numerator	Denominator	Baseline Rate	PY1 AM-1.1 Goal	PY2 AM-2.1 Goal	PY3 AM-3.1 Goal
Baseline	50	100	0.5000	0.5250	0.5500	0.5625
			Performance Rate	AM-1.1 % of Goal Achieved	AM-2.1 % of Goal Achieved	AM-3.1 % of Goal Achieved
Performance Year 1	51.5	100	0.5150	50% of goal achieved		
Performance Year 2	54	100	0.5400	100% of goal achieved	75% of goal achieved	
Performance Year 3*	55	100	0.5500		100% of goal achieved	50% of goal achieved

- Based on achievement reported in PY1, the provider is eligible to receive 50% of funds associated with DY4 milestone AM-1.1 milestone, and will carryforward the unearned 50% to be possibly earned in PY2.

AM-1.1 % of goal achieved in PY1

$$\begin{aligned} & (\text{PY1 Achieved} - \text{Baseline}) / (\text{PY1 Goal} - \text{Baseline}) \\ & (.515 - .50) / (.525 - .50) = 60\% \end{aligned}$$

Example of Goal Achievement – PY2

Rate Part 1 of 1						
	Numerator	Denominator	Baseline Rate	PY1 AM-1.1 Goal	PY2 AM-2.1 Goal	PY3 AM-3.1 Goal
Baseline	50	100	0.5000	0.5250	0.5500	0.5625
			Performance Rate	AM-1.1 % of Goal Achieved	AM-2.1 % of Goal Achieved	AM-3.1 % of Goal Achieved
Performance Year 1	51.5	100	0.5150	50% of goal achieved	50% of goal achieved	50% of goal achieved
Performance Year 2	54	100	0.5400	100% of goal achieved	75% of goal achieved	50% of goal achieved
Performance Year 3*	55	100	0.5500	100% of goal achieved	100% of goal achieved	50% of goal achieved

- Based on achievement reported in PY2, provider is eligible to receive the additional 50% of unearned funds carried forward from DY4 milestone AM-1.x, is eligible to receive 75% of funds associated DY5 milestone AM-2.1, and will carryforward the unearned 25% of DY5 AM-2.1 to be possibly earned in PY3A.

AM-1.1 % of goal achieved in PY2	AM-2.1 % of goal achieved in PY2
$\frac{(\text{PY2 Achieved} - \text{Baseline})}{(\text{PY1 Goal} - \text{Baseline})}$ $(.54 - .50)/(.525 - .50) = 160\%$	$\frac{(\text{PY2 Achieved} - \text{Baseline})}{(\text{PY2 Goal} - \text{Baseline})}$ $(.54 - .50)/(.55 - .50) = 80\%$

Example of Goal Achievement – PY3A & PY3B

Rate Part 1 of 1						
	Numerator	Denominator	Baseline Rate	PY1 AM-1.1 Goal	PY2 AM-2.1 Goal	PY3 AM-3.1 Goal
Baseline	50	100	0.5000	0.5250	0.5500	0.5625
			Performance Rate	AM-1.1 % of Goal Achieved	AM-2.1 % of Goal Achieved	AM-3.1 % of Goal Achieved
Performance Year 1	51.5	100	0.5150	50% of goal achieved		
Performance Year 2	54	100	0.5400	100% of goal achieved	75% of goal achieved	
Performance Year 3*	55	100	0.5500		100% of goal achieved	50% of goal achieved

- Based on achievement reported for PY3A, the provider is eligible to receive the additional 25% of unearned funds carried forward from DY5 milestone AM-2.1. As the provider is reporting the same measurement period for PY3A and PY3, is eligible to receive 50% of funds associated with DY6 milestone AM-3.1 and will carryforward the unearned 50% of DY6 AM-3.1 to be possibly earned in PY4.

AM-2.1 % of goal achieved in PY3A	AM-3.1 % of goal achieved in PY3B
$\frac{(\text{PY3A Achieved} - \text{Baseline})}{(\text{PY2 Goal} - \text{Baseline})}$ $(.55 - .50)/(.55 - .50) = 100\%$	$\frac{(\text{PY3B Achieved} - \text{PY1 Goal})}{(\text{PY3 Goal} - \text{Baseline})}$ $(.55 - .525)/(.5625 - .525) = 60\%$



Achievement with non-consecutive PY3B

Example:

Baseline & Goals	
Baseline (BL) – (01/01/2013 – 12/31/2013)	0.5000
DY4 AM-1.1 Goal	0.5250
DY5 AM-2.1 Goal	0.5500
DY6 AM-3.1 Goal	0.5625

Performance Year	Achieved Rates
PY2 – (01/01/2015 – 12/31/2015)	0.5400
PY3A – (01/01/2016 – 12/31/2016)	0.5500
PY3B – (DY6: 10/01/2016 – 09/30/2017)	0.5600

DY5 AM-2.1 % of goal achieved in PY3A = $(\text{PY3A achieved} - \text{BL}) / (\text{DY5 goal} - \text{BL})$
 $(0.55 - 0.50) / (0.55 - 0.50) = 100\%$
AM-2.1 = 100% of goal achieved in PY3A

DY6 AM-3.1 % of goal achieved in PY3B = $(\text{PY3B Achieved} - \text{DY4 Goal}) / (\text{DY6 Goal} - \text{DY4 Goal})$
 $(.5600 - .5250) / (.5625 - .5250) = 93.3\%$
AM-3.1 = 75% of goal achieved in PY3B



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Achievement Calculations for outcomes with no PY1 Goal



- For P4P outcomes where there is no PY1 goal or where the PY3 goal is set using a different methodology than used to determine the PY1 goal (i.e., QISMC outcomes with a DY6 goal set using the improvement floor formula, or some IOS-survey goals), partial payment will be measured as the percent of goal achieved between the PY3 goal and a PY1 equivalent goal.
- If a PY1 equivalent goal is used for an outcome, it can be identified in the Goal and Achievement Calculator tab of the Cat 3 Summary Workbook by entering the baseline numerator and denominator into the calculator.

PY1 Equivalent Goals

- If an outcome is approved to use a baseline established in DY4 and does not have a DY4 achievement milestone, partial payment will be measured over a PY1 equivalent goal.
- For PFPM outcomes, partial payment will be measured over a PY1 equivalent goal.
 - The PY1 equivalent goal for these outcomes will follow the QISMC or IOS goal calculations for PY1.



PY1 Equivalent Goals

- If a QISMC outcome has a PY3 goal that was determined using the improvement floor, partial payment will be measured over the PY1 equivalent goal.
 - If a higher rate (positive directionality) indicates improvement for the outcome, the PY1 equivalent goal is the baseline plus 40 percent of the improvement floor.
 - If a lower rate (negative directionality) indicates improvement for the outcome, the PY1 equivalent goal is the baseline minus 40 percent of the improvement floor.

PY1 Equivalent Goals

- If an IOS - Survey outcome is using reporting scenario 2 or reporting scenario 3, partial payment will be over the PY1 equivalent goal.
 - If a higher rate (positive directionality) indicates improvement for the outcome, the PY1 equivalent goal is the baseline plus a five percent gap closure towards the maximum score.
 - If a lower rate (negative directionality) indicates improvement for the outcome, the PY1 equivalent goal is the baseline minus a five percent gap closure towards the minimum score.



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Example of PY1 Equivalent Goal

- The provider had a baseline just above the HPL and DY4 and DY5 goals were calculated using the IOS methodology (DY5 goal = Baseline + .10*(1-Baseline)).
- The DY6 goal is set using the improvement floor (DY6 goal = baseline + .10*(HPL - MPL)) resulting in a slightly lower DY6 goal. Since the DY6 goal is set using the improvement floor, the PY1 goal equivalent for partial payment is also identified.

Rate Part 1 of 1						
	Numerator	Denominator	Baseline Rate	PY1 AM-1.1 Goal	PY2 AM-2.1 Goal	PY3 AM-3.1 Goal
Baseline	14000	20000	0.7000	0.7150	0.7300	0.7179
				*PY1 equivalent goal for DY6 AM-3.1 partial achievement is 0.7072		*improvement floor goal
			Performance Rate	AM-1.1 % of Goal Achieved	AM-2.1 % of Goal Achieved	AM-3.1 % of Goal Achieved
Performance Year 1						
Performance Year 2						
Performance Year 3*						
Performance Year 4						



Payment

- For P4R Category 3 milestones, 100% of DY6 funding is for reporting to approved measure specifications (PM-10).
- For process milestones, a Performing Provider must fully achieve to qualify for the DSRIP payment related to these milestones.
- For achievement milestones for an outcome with multiple components/rates the 50% allocation toward achievement (AM-3) is split evenly between the number of components/rates (e.g. AM-3.1 and AM-3.2) and these achievement milestones can be achieved or partially achieved independently.



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Reporting Category 3



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Use of Online Reporting System



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- For Cat 3 and PFPM milestones (PM-10, PM-12, AM-2.x, AM-3.x), providers will not enter a progress update, the achievement status, or the percent of goal achieved or responses to carryforward questions in the online reporting system.
 - The online reporting system will be updated with reporting achievement status by HHSC after reporting review is completed.
 - Providers will use the online reporting system to respond to Needs More Information (NMI) determinations.
- Providers WILL use the online reporting system to report on and provide status updates on DY5 carryforward Stretch Activities (PM-11*) and DY6 Stretch Activities (PM-11).



Required Supporting Documentation



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Category 3 October DY6 Reporting Template:

- Required, whether reporting achievement or not
- Used to report Cat 3 outcomes (PM-10, PM-12, AM-2.x, AM-3.x) AND PFPMs (AM-3.x)
- Should be uploaded to the online reporting system only once to the first Cat 3 outcome associated with the first Category 1 or 2 project
- Save as: RHPXX_TPIXXXXXX_Cat3_OctDY6.xlsm

Template Certification:

- Chief Quality Officer or executive responsible for validating accuracy of Cat 3 reporting should print summary tab of template, sign, and upload copy of the signed certification with the reporting template

Stretch Activity Supporting Documentation (if applicable)



- Stretch Activity 3 (SA3) Program Evaluation Coversheet
 - Completed for SA3 alternate improvement activities reporting for achievement; Coversheet is not required for Stretch Activities other than SA3
 - Uploaded directly to each PM-11 milestone
 - Save as:
RHPXX_Cat3ProjectIDXXXXXXXXXX.X.X_SA3_OctDY6.xlsm
 - **Coversheet alone does not meet requirements of SA3; Provider must also upload a completed project evaluation report**

Stretch Activity Supporting Documentation (if applicable)



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- Stretch Activity 9 (SA9) Cost Benefit Analysis Template (if applicable):
 - When reporting achievement of an SA9 stretch activity, providers must submit an approved template listed on the [SA9 Guidance](#) (or a template that HHSC has approved if provider has requested an exception).
 - Save the template as:
RHPXX_Cat3ProjectIDXXXXXXXXX.X.X_SA9_OctDY6 (e.g., RHP01_123456789_SA9_OctDY6.xlsx).
 - The provider should also upload a narrative report addressing the two questions outlined in the Guidance document.
 - Save the narrative as:
RHPXX_Cat3ProjectIDXXXXXXXXX.X.X_SA9Narrative_OctDY6 (e.g., RHP01_123456789_SA9Narrative_OctDY6.xlsx).

Stretch Activity Supporting Documentation (if applicable) – cont.



- Stretch Activity Report(s)
 - Uploaded directly to each PM-11 stretch activity milestone reporting for achievement; Same document may be used for multiple PM-11 projects if appropriate
 - Save as:
RHPXX_Cat3ProjectIDXXXXXXXXXX.3.X_SA#_OctDY6
 - Should include date that shows when activity/report was completed



Internal Records

- Reporting is subject to compliance monitoring. Providers should maintain internal records of reports used to abstract the numerator and denominator to ensure the same abstraction method is used across measurement periods should HHSC or compliance monitor ask to see additional details.
- Providers are required to adhere to measure specifications as outlined in the Cat 3 Compendium and to maintain a record of any variances approved by HHSC. Approval of a reported baseline or PY does not constitute approval to report outside of measure specifications.
- If HHSC or Compliance Monitor identify that an outcome is reported outside measure specification, DY5 and DY6 performance reporting payment may be withheld or recouped and the provider will be required to bring reporting into compliance with specifications.



October DY6 Reporting: Cat 3

Category 3 Reporting Template



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Cat 3 Reporting Template

- Used for reporting baseline and performance of Cat 3 outcomes (PM-10, PM-12, AM-2.x, and AM-3.x) and PFPMs (AM-3.x).
 - Providers will not use a separate PFPM template in October DY6 reporting
 - Not used to report Stretch Activities (PM-11s)
- Providers will complete one Category 3 Reporting Template, which will contain all of provider's Cat 3 outcomes in one region
- Requires certification by Chief Quality Officer or executive responsible for validating accuracy of Cat 3 reporting
- Should be uploaded only once to first Cat 3 outcome associated with the first Cat 1 or 2 project in reporting system
- Save file as: RHPXX_TPIXXXXXXXXXX_Cat3_OctDY6.xlsm



Cat 3 Reporting Template

- All providers must submit a Cat 3 Reporting Template, whether they are reporting achievement of a Category 3 outcome or not.
- The template includes a separate tab for each Category 3 outcome.
- Based on eligibility, each tab allows for the reporting or correcting of the Cat 3 project's baseline and/or PY1, PY2, PY3A, PY3B, and PY4 achievement.

Step 1 Tab

- Enter Primary Contact, RHP & TPI information
- Template will list Cat 3 projects & eligibility to report in October DY6
- Click “Create Project Specific Tabs” button to create a tab for each Cat 3 project
- Generating tabs may take some time



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Round 2, DY6: Category 3 Baseline and Performance Reporting Template - Step 1

Version 1

Progress Indicators

Contact Information:	Complete
RHP Region and TPI Input:	Complete
Create Outcome Tabs:	Incomplete

Information for Primary Contact (regarding information reported in this template)

Contact Name:	Jane Doe
Email Address:	jane@email.com
Phone Number:	555-555-5555

Provider Information

RHP:	RHP 1
TPI:	123456789
Provider Name:	Sample Provider

Project-Specific Reporting Options

Category 1 or 2 Project ID	Category 3 Project ID	IT Reference	Outcome Title	DY6 Milestone Structure	Eligible to Report in Round 2, DY6?	PFP Measure?
123456789.1.1	123456789.3.1	CMHC.1	IT-1.18: Follow-Up After Hospitalization for Mental Illness	P4P (of PFP outcome)	No	Yes
123456789.1.2	123456789.3.2	IT-9.2	Reduce Emergency Department (ED) visits for Ambulatory Care Sensitive Conditions (ACSC) per 100,000	P4P	Yes	No
123456789.1.3	123456789.3.3	IT-9.5	Reduce low acuity ED visits	P4R and Stretch Activity	Yes	No
123456789.2.1	123456789.3.5	IT-1.10	Diabetes care: HbA1c poor control (>9.0%)	P4P	Yes	No

Create Project Specific Tabs

Press this button only after the "Contact Information" and "RHP Region and TPI Input" progress indicators show "Complete" above. The process to create the project specific tabs may take some time, please refrain from clicking anything in the template until the process is complete.

Create Project Specific Tabs

Combined Projects

- Due to the combining of Cat 1 & 2 projects in DY6, DY5 carryforward and DY6 milestones may appear on different project reporting pages in the online reporting system.
- The Cat 3 Reporting Template will indicate which projects were combined on the new project tab.



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Project Information, Reporting Eligibility, and Progress

Reporting Selections:	Eligible to report?	Corrections Allowed?	Progress Indicator	Jump to Reporting Selections	RHP:	<input type="text" value="RHP 1"/>	TPI:	<input type="text" value="123456789"/>
Baseline Reporting:	No	No	Incomplete		Cat 3 Project ID:	<input type="text" value="123456789.3.603"/>	PFP ID:	<input type="text" value="PP.9"/>
Performance Reporting:	PY3	No	Incomplete		PFP Measure:	<input type="text" value="PP.9: Prenatal and Postnatal Care"/>		
Progress Update:			Incomplete		Provider Name:	<input type="text" value="Sample Provider"/>		
Qualitative Questions:			Incomplete					

Combined Project Details

DY5		DY6	
Cat 1 or 2 Project ID	Cat 3 Project ID	Cat 1 or 2 Project ID	Cat 3 Project ID
1_123456789.2.100	1_123456789.3.103	1_123456789.2.100	1_123456789.3.603
1_123456789.2.100	1_123456789.3.105	1_123456789.2.100	1_123456789.3.603

Comment from HHSC: HHSC combined RHP 1_123456789.3.103 and RHP 1_123456789.3.105, replaced with PFPM PP9 Timeliness of Prenatal/Postnatal Care (DY6 Category 3 ID will be RHP 1_123456789.3.603)



Outcome & Reporting History Details

- Each Project tab includes outcome details and information previously reported to HHSC.
- This section is for display purposes only. Any required corrections should be made in the yellow cells in the corrections section displayed after reporting selections are made.
- You may use the “Jump to Reporting Selections” button (next to the progress indicators) to jump to the provider entry section.

Project Information, Reporting Eligibility, and Progress			
Reporting Selections:	Eligible to report?	Corrections Allowed?	Progress Indicator
Baseline Reporting:	No	No	Incomplete
Performance Reporting:	PY3A PY3B PY4	No	Complete
Progress Update:			Incomplete
Qualitative Questions:			Incomplete
A response is required in the 'Reporting Selections' section. Please go to the 'Reporting Selections' section.			
Jump to Reporting Selections			
RHP:		Cat 3 Project ID:	
Outcome:		Provider Name:	

Outcome Details	
Outcome:	IT-9.2
Measure Title:	Reduce Emergency Department (ED) visits for Ambulatory Care
Standard Numerator:	Total number of ED Visits with a primary or secondary ACSC diagnosis for any individual 18 years and older
Standard Denominator:	Total number of ED visits for individuals 18 years or older during the measurement period.
Approved Subsets:	None
DY3-5 Milestone Structure:	Standard P4P
DY6 Milestone Structure:	P4P
Calculation Type:	IOS
Description of Subsets:	N/A
Baseline Information:	Baseline ends by 09/30/2013
Survey Administration Scenario:	

Reporting Status	
Baseline:	Reported Baseline
(BL)	Yes
	Current Baseline Source
	MSLC Baseline Review 06/30/16
	Measurement Period
	10/01/2012 - 09/30/2013
Performance Year 1:	Reported PY1
(PY1)	Yes
	Current Source
	DY5 R2 Reporting Template
	Measurement Period
	10/01/2013 - 09/30/2014
Performance Year 2:	Reported PY2
(PY2)	Yes
	Current Source
	DY5 R2 Reporting Template
	Measurement Period
	10/01/2014 - 09/30/2015
Performance Year 3:	Reported PY3A
(PY3A)	Not Reported
	Current Source
	Not Reported
	Measurement Period
	Not Reported

Rate 1 of 1	
Numerator:	6093
Denominator:	20174
Rate:	0.3020
PY1 Goal:	0.2869
PY2 Goal:	0.2718
PY3 Goal:	0.2643

Rate 1 of 1	
Numerator:	6086
Denominator:	23794
Rate:	0.2558
AM-1% Achieved:	100%

Rate 1 of 1	
Numerator:	7315
Denominator:	18533
Rate:	0.3947
AM-1% Achieved:	NA
AM-2% Achieved:	0%

Rate 1 of 1	
Numerator:	
Denominator:	
Rate:	
AM-2% Achieved:	

Eligibility to Correct

The template will automatically allow corrections for some outcomes.

- Most P4P outcomes that have not reported performance will be able to make corrections to the reported baseline.
- Most P4R outcomes will be able to make corrections to all prior reporting.
- P4P outcomes that have already reported performance and some outcomes with custom goal calculation methodology (i.e., HHSC Approved Alternate Achievement Request, Maintenance, P4P change to P4R) will not be able to automatically make corrections in the reporting template.



Determining Eligibility to Report/Correct

- The table at top of the Project tab will indicate whether Baseline/ Performance are eligible to be newly reported and whether any previously reported Baseline/ Performance can be corrected, if necessary.

Project Information, Reporting Eligibility, and Progress

	Eligible to report?	Corrections Allowed?	Progress Indicator	Jump to Reporting Selections
Reporting Selections:			Incomplete	
Baseline Reporting:	No	Yes	Incomplete	
Performance Reporting:	PY3B	PY1 PY2	Incomplete	
Progress Update:			Incomplete	
Qualitative Questions:			Incomplete	

- Contact HHSC as soon as possible if you need to correct reporting for an outcome that is not automatically eligible for corrections. Include the correct numerator and denominator and a detailed explanation regarding the reason for the correction.



Baseline Measurement Period Changes

- While a provider may be eligible to correct a previously reported baseline numerator and denominator, they generally should not change the baseline measurement period. The option to change baseline dates was intended to allow for the correction of typos, not to adjust baseline measurement periods.
- Changing the baseline measurement period requires prior written pre-approval from HHSC that must be uploaded to the reporting system as supporting documentation.
 - HHSC will **not approve any new requests** to change baseline measurement periods.
- Changing a measurement period without approval will result in an NMI and the correction will not be accepted.



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Reporting Selections: Correcting Baseline

- If Baseline and/or Performance are eligible for reporting or corrections, the provider must indicate whether they intend to correct or report in the Reporting Selections section.
- If correcting baseline, the provider must correct all reported performance to confirm alignment with baseline revisions. After correcting the Baseline, return to the Reporting Selections section and select Yes for "Correcting PY1?" and continue this process until data for all previously reported PYs has been entered.

Reporting Selections

Correcting Baseline?

Yes

Correcting PY1?

If baseline and performance are already reported and changes need to be made to the baseline, provider must also correct all reported performance to recalculate goal achievement.

Baseline Reporting / Corrections

Baseline Type:

Standard

Expected Start Date:

7/1/2013

Expected End Date:

12/31/2013

Change Start/End Date:

No

Rate 1 of 1

Numerator:

2415

Denominator:

5213

Baseline Rate:

0.4633

PY1 Goal:

P4R

PY2 Goal:

P4R

PY3 Goal:

P4R





Reporting Selections: Reporting Performance



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- To minimize confusion around reporting selections and reduce the likelihood of reporting a PY before all prior eligible PYs are reported, only the first PY eligible to be reported will show under Reporting Selections initially. Each subsequent eligible PY will be displayed after the provider indicates they're reporting the previous PY and enters that PY's numerator and denominator into the template or states they are not reporting a PY.
- Example: A provider eligible to report PY3A, PY3B, and PY4 will only see the "Reporting PY3A?" dropdown initially. If the provider is reporting PY3A, the "Reporting PY3B?" dropdown will become visible after the PY3A numerator and denominator have been entered. If they aren't reporting PY3A, they won't be asked about PY3B or PY4 reporting.
- Providers will need to scroll up to the Reporting Selections section and indicate whether they will report on each reportable PY after entering information for the prior PY. The Performance Reporting progress indicator won't show complete until a provider has stated they're not reporting a PY or has entered all eligible PY performance.

Project Information, Reporting Eligibility, and Progress

	Eligible to report?	Corrections Allowed?	Progress Indicator
Reporting Selections:			Incomplete
Baseline Reporting:	No	No	Complete
Performance Reporting:	PY3A PY3B PY4	No	Incomplete
Progress Update:			Incomplete
Qualitative Questions:			Incomplete

A response is required in the 'Reporting Selections' section. P

Performance Year 3:
(PY3B)

Reported PY3B
Not Reported
Current Source
Not Reported
Measurement Period
Not Reported

Performance Year 4:
(PY4)

Reported PY4
Not Reported
Current Source
Not Reported
Measurement Period
Not Reported

Reporting Selections

Reporting PY3A?

(Select)

Qualitative Questions:

Reporting Selections: Reporting PY3A During the NMI Period



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- DY6 R2 is the last opportunity to report achievement of DY5 AM-2. Providers who partially achieved AM-2 in PY2 may report carried forward achievement of AM-2 in PY3A. Because many PY3A measurement periods end 9/30/17, data may not be available to report by 10/31/17. Providers who need additional time may report PY3A during the NMI reporting period by selecting “Yes – Reporting during NMI Period” in the Reporting Selections section.

Reporting Selections

Reporting PY3A?

Yes - Reporting during NMI Period

- To report during the initial reporting period, the provider should select “Yes – Reporting Now”.



Reporting Selections: Reporting PY3B

- Providers reporting PY3B who are eligible to report PY3B as the PY3A or DY6 measurement period will be asked whether they're using DY6 as the PY3B measurement period. *(If the provider responded to this question during DY6 R1 reporting, or the PY3A measurement period is DY6, this question won't display.)*

Reporting PY3A?	Yes - Reporting Now
Reporting PY3B?	Yes

Reporting / Corrections

PY3A:

Start Date:	10/01/2015
End Date:	09/30/2016

	Rate 1 of 1
Numerator:	5300
Denominator:	20000
PY3A Rate:	0.2650
Achievement Milestone:	AM-2.1
% of Goal Achieved:	100%

PY3B:

Are you using DY6 (10/1/16 - 9/30/17) as the PY3B measurement period?
(If you answer no, the PY3B measurement period will be the same as the PY3A measurement period.)

(Select)



Reporting Selections: Reporting PY3B

- If the provider opts not to use DY6, the PY3B measurement period will be the PY3A measurement period. If reporting both PY3A and PY3B, the PY3A and PY3B numerators and denominators must match. Providers may click the "Populate PY3B with PY3A Values" button to fill PY3B cells with the provider's PY3A entries.

PY3A:

Start Date:	10/01/2015
End Date:	09/30/2016
Rate 1 of 1	
Numerator:	5300
Denominator:	20000
PY3A Rate:	0.2650
Achievement Milestone:	AM-2.1
% of Goal Achieved:	100%

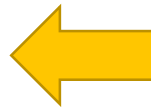
PY3B:

The measurement periods for PY3A and PY3B are the same; the reported numerator and denominator must also match.

Are you using DY6 (10/1/16 - 9/30/17) as the PY3B measurement period?
(If you answer no, the PY3B measurement period will be the same as the PY3A measurement period.)

No

PY3B Start Date:	10/01/2015	Populate PY3B with PY3A Values
PY3B End Date:	09/30/2016	



Rate 1 of 1	
Numerator:	
Denominator:	
PY3B Rate:	
Achievement Milestone:	AM-3.1
% of Goal Achieved:	



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Reporting Selections: Reporting PY3B

- If the provider is using DY6 as the PY3B measurement period or the provider is not eligible to report PY3A because AM-2 was fully achieved in PY2, the PY3B numerator and denominator must be entered manually. If a provider clicks the "Populate PY3B with PY3A Values" button in this situation, they will receive an error message.

PY3B:

Are you using DY6 (10/1/16 - 9/30/17) as the PY3B measurement period?

(If you answer no, the PY3B measurement period will be the same as the PY3A measurement period.)

Yes

PY3B Start Date:

10/1/2016

PY3B End Date:

9/30/2017

Populate PY3B
with PY3A Values

Numerator:

Denominator:

PY3B Rate:

Achievement Milestone:

% of Goal Achieved:

Rate 1 of 1

AM-3.1

Microsoft Excel

PY3A is not being reported in this template or the measurement periods for PY3A and PY3B are different. Please manually enter the numerator and denominator for PY3B.

OK



Reporting Selections: Reporting PY4



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- Providers who report PY3B with the PY3A measurement period, don't fully achieve AM-3 in PY3B, and have a PY4 measurement period that ends by 09/30/17 may report PY4 during DY6 R2 reporting to receive additional AM-3 funds.
- After entering PY3B data, providers must indicate whether they are reporting PY4 by scrolling up to the Reporting Selections section and making a selection in the "Reporting PY4?" dropdown. If a provider is reporting, the PY4 entry fields will open below the PY3B fields.

Reporting Selections

Reporting PY3A?

Yes - Reporting Now

Reporting PY3B?

Yes

Reporting PY4?

Reporting / Corrections

PY3A:

Start Date:

10/01/2015

End Date:

09/30/2016

Rate 1 of 1

Numerator:

5300

Denominator:

20000

PY3A Rate:

0.2650

Achievement Milestone:

AM-2.1

% of Goal Achieved:

100%

PY3B:

The measurement periods for PY3A and PY3B are the same; the reported numerator and denominator must also match.

Are you using DY6 (10/1/16 - 9/30/17) as the PY3B measurement period?

(If you answer no, the PY3B measurement period will be the same as the PY3A measurement period.)

No

PY3B Start Date:

10/01/2015

PY3B End Date:

09/30/2016

Populate PY3B
with PY3A Values

Rate 1 of 1

Numerator:

5300

Denominator:

20000

PY3B Rate:

0.2650

Achievement Milestone:

AM-3.1

% of Goal Achieved:

75%

Reporting Exception for Providers Impacted by Hurricane



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- HHSC and CMS have agreed upon changes to DY6 reporting in light of the issues caused by Hurricane Harvey. The exceptions apply only to providers located in FEMA designated counties.
- Impacted providers may use an alternate measurement period for PY3 or PY4, if the measurement period fell during DY6.
 - Exceptions might include an 11 month measurement period instead of 12 or a gap in the data to account for hurricane recovery time. The adjusted measurement period must fall within the original measurement period.
- Providers will indicate their need for a change to the measurement period in the Reporting Template, specify the adjusted measurement period, and provide an explanation for the need.

Reporting Selections

Reporting PY3A?

Yes - Reporting Now

Reporting PY3B?

Yes

On Aug. 25, 2017, Hurricane Harvey hit the Texas coast and caused significant damage and flooding in numerous counties forcing many to evacuate to temporary locations. HHSC is allowing providers in these areas to report with a shortened measurement period.

Reporting / Corrections

PY3A:

Start Date:

10/01/2016

End Date:

09/30/2017

Due to complications from Hurricane Harvey, does the provider need to change the PY3A measurement period from the expected dates on the left?

Yes

Revised PY3A Start Date:

Revised PY3A End Date:

Progress Update

- Providers should enter a progress update for each Category 3 project in the template, regardless of whether they are reporting on the Category 3 outcome or PFPM.

Qualitative Questions:

Progress Update:

Progress Update (required for all providers):	
---	--

PY Goals Calculated Based on Baseline Entries

- When the baseline numerator and denominator are reported or corrected, PY goals are calculated based on the entries and the outcome and goal type (e.g., IOS, QISMIC).



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Reporting Selections

Reporting Baseline?

Yes

Baseline Reporting / Corrections

Baseline Type:

Standard

Expected Start Date:

10/1/2013

Expected End Date:

9/30/2014

Numerator:

52

Denominator:

100

Baseline Rate:

0.5200

DY5 AM-3 Goal:

0.5551

DY6 AM-3 Goal:

0.5639

Rate 2 of 2

68

100

0.6800

0.7126

0.7207

Reporting/Correcting Performance

- When Performance is reported/corrected, the template calculates the PY rate and percent of goal achieved for all applicable milestones.
- Goal achievement formulas are shown earlier in this presentation and can be confirmed in the Cat 3 Summary Workbook & Goal Calculator.

PY3B:

PY3B Start Date:

10/01/2016

PY3B End Date:

09/30/2017

Rate 1 of 1

Numerator:

85

Denominator:

100

PY3B Rate:

0.8500

Achievement Milestone:

AM-3.1

% of Goal Achieved:

100%



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Progress Indicators

- Providers should confirm that all five progress indicators on each Project tab show Complete (green) before submitting their template to HHSC.

Project Information, Reporting Eligibility, and Progress

Reporting Selections:

Baseline Reporting:

Performance Reporting:

Progress Update:

Qualitative Questions:

Eligible to report?	Corrections Allowed?	Progress Indicator
		Complete
No	No	Complete
PY3B	No	Complete
		Incomplete
		Complete

Jump to
Reporting
Selections

- The Reporting Summary tab will also show a green bar next to each project if the related project tab is complete. If you see a red bar next to a project, return to that project tab to complete it. (See screenshot on next slide.)



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Reporting Summary Tab

- The summary tab includes a section for Category 3 outcomes, as well as a section for PFPM milestones.
- Complete project tabs show green and incomplete show red.

Selection Details							Rate Part 1					
Cat 3 ProjID	IT	IT Descrip	Rprt Type	Reported	Most Recent Source	End Date	Num	Denom	Rate	AM-1.1 Goal/ % of Goal	AM-2.1 Goal/ % of Goal	AM-3.1 Goal/ % of Goal
3.2	IT-9.2	ED Visits: ACSCs	BL	DY3 R2	MSLC Baseline Review	09/30/13	6093	20174	0.3020	0.2869	0.2718	0.2643
			PY1	DY5 R2	DY5 R2 Reporting Term	09/30/14	6086	23794	0.2558	100%		
			PY2	DY5 R2	DY5 R2 Reporting Term	09/30/15	7315	18533	0.3947	NA	0%	
			PY3A	DY6 R2	DY6 R2	09/30/16	5300	20000	0.2650		100%	
			PY3B	DY6 R2	DY6 R2	09/30/16	5300	20000	0.2650			75%
			PY4	DY6 R2	DY6 R2	09/30/17	5150	20000	0.2575			100%
3.3	IT-9.5	Low Acuity ED visits	BL	DY3 R2	DY6 R2 Correction	12/31/13	2571	5496	0.4678	P4R	P4R	P4R
			PY1	DY4 R2	DY6 R2 Correction	12/31/14	4166	9492	0.4389	NA		
			PY2	DY5 R2	DY6 R2 Correction	12/31/15	3378	8178	0.4131	NA	NA	
			PY3A		Not Reported							
			PY3B	DY6 R2	DY6 R2	09/30/17	3487	9872	0.3532			NA
			PY4		Not Reported							
3.5	IT-1.10	Diabetes: HbA1c poor control	BL	DY3 R2	MSLC Baseline Review	09/30/13	68	126	0.5397	0.5070	0.4853	0.4744
			PY1	DY5 R2	DY5 R2 Reporting Term	09/30/14	45	94	0.4787	100%		
			PY2	DY5 R2	DY5 R2 Reporting Term	09/30/15	14	30	0.4667	NA	100%	
			PY3A		Not Reported							
			PY3B		Not Reported							
			PY4		Not Reported							

Selection Details							Rate Part 1					Rate Part 2				
Cat 3 ProjID	PFPM ID	AIA Title	Rprt Type	Reported	Most Recent Source	End Date	Num	Denom	Rate	DY5 AM-3.1Goal/ % of Goal	DY6 AM-3.1Goal/ % of Goal	Num	Denom	Rate	DY5 AM-3.2 Goal/ % of Goal	DY6 AM-3.2 Goal/ % of Goal
3.1	CMHC.1	Follow-up after hospitalization for mental illness	BL	DY3 R2	DY5 R1 PFPM Report	09/30/14	117	195	0.6000	0.6191	0.6374	81	195	0.4154	0.5399	0.6134
			PY2	DY5 R1	DY5 R1 PFPM Report	09/30/15	114	165	0.6909	100%		83	165	0.5030	25%	
			PY3A		Not Reported											
			PY3B		Not Reported											
			PY4		Not Reported											



Template Certification



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- Providers are required to certify accuracy of reported baselines and performance.
- Certification should be done by the Chief Quality Officer or executive responsible for validating accuracy of Cat 3 reporting.
- Certifier should print out Reporting Summary tab, sign, and upload a copy with the template.

Round 2, DY6: Category 3 Baseline and Performance Reporting Template - Outcome Reporting Summary																
Progress Indicator																
Project Tabs:	Complete															
Certification:	Incomplete															
Provider Information																
RHP:	RHP 1															
TPI:	123456789															
Provider:	Sample Provider															
Certifier should print the Outcome Reporting Summary, review the information reported or corrected (in bold text), and certify it is correct by signing. Upload the printed document to the online reporting system.																
Selection Details							Rate Part 1									
Cat 3 ProjID	IT	IT Descrip	Rprt Type	Reported	Most Recent Source	End Date	Num	Denom	Rate	AM-1.1 Goal/ % of Goal	AM-2.1 Goal/ % of Goal	AM-3.1 Goal/ % of Goal				
3.3	IT-3.5	Low Acuity ED visits	BL	DY3 R2	DY6 R2 Correction	12/31/13	2571	5496	0.4678	P4R	P4R	P4R				
			PY1	DY4 R2	DY6 R2 Correction	12/31/14	4166	9492	0.4389	NA	NA	NA				
			PY2	DY5 R2	DY6 R2 Correction	12/31/15	3378	8178	0.4131	NA	NA	NA				
			PY3A		Not Reported											
			PY3B	DY6 R2	DY6 R2	09/30/17	3487	9872	0.3532			NA				
			PY4		Not Reported											
3.5	IT-1.10	Diabetes: HbA1c poor control	BL	DY3 R2	MSLC Baseline Review	09/30/13	68	126	0.5397	0.5070	0.4853	0.4744				
			PY1	DY5 R2	DY5 R2 Reporting Term	09/30/14	45	94	0.4787	100%						
			PY2	DY5 R2	DY5 R2 Reporting Term	09/30/15	14	30	0.4667	NA	100%					
			PY3A		Not Reported											
			PY3B		Not Reported											
			PY4		Not Reported											
Selection Details							Rate Part 1				Rate Part 2					
Cat 3 ProjID	PFP ID	AIA Title	Rprt Type	Reported	Most Recent Source	End Date	Num	Denom	Rate	DY5 AM-3.1 Goal/ % of Goal	DY6 AM-3.1 Goal/ % of Goal	Num	Denom	Rate	DY5 AM-3.2 Goal/ % of Goal	DY6 AM-3.2 Goal/ % of Goal
3.1	CMHC.1	Follow-up after hospitalization for mental illness	BL	DY3 R2	DY5 R1 PFP Report	09/30/14	117	195	0.6000	0.6191	0.6374	81	195	0.4154	0.5999	0.6134
			PY2	DY5 R1	DY5 R1 PFP Report	09/30/15	114	165	0.6909	100%		83	165	0.5030	25%	
			PY3A		Not Reported											
			PY3B		Not Reported											
			PY4		Not Reported											
Certification																
Please check the box to certify the statement below and insert your name, title and date in the boxes that follow																
<input type="checkbox"/> I certify that the rates reported on this template have been reviewed for accuracy and are representative of the approved outcomes																
Name:																
Title:																
Date:																

October DY6 Reporting: Cat 3

Stretch Activity Reporting



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Stretch Activity Reporting

- Providers must submit both an **SA3 Coversheet** **AND a program evaluation report** for each Category 1 or 2 project with an associated Program Evaluation stretch activity.
- Providers reporting on other Stretch Activities should submit documentation associated with the stretch activity. No HHSC template/coversheet is required.
- Providers may upload the same documentation for PM-11 milestones under a single Category 1 or 2 project, but should upload documentation to each PM-11 milestone.



Coversheet for SA3

- The Coversheet includes a list of possible areas of focus, as well as a custom option. Providers should describe what was evaluated, why it was evaluated, how it was evaluated, what the findings were, and how the findings are being used.

Section 2	Provider/Project Information
Briefly describe the project and its goals.	
What aspects of the program were evaluated? <i>(check all that apply)</i>	<input type="checkbox"/> Access to services <input type="checkbox"/> Data quality/infrastructure <input type="checkbox"/> Process Improvements <input type="checkbox"/> Sustainability <input type="checkbox"/> Target population <input type="checkbox"/> Other
Describe aspects of the program that were evaluated <i>(those checked above)</i> and key questions that were asked.	
Describe program evaluation methodology.	
Describe the positive findings (e.g., assets, successes, outcome improvements) of the evaluation.	
Describe findings regarding areas for improvement (e.g., barriers, remaining needs, unmet goals).	
What adjustments to the program have been implemented or are currently being considered based on the evaluation findings?	



Cost Benefit Analysis (SA9)

Stretch Activity 9 (SA9) Cost Benefit Analysis Template (if applicable):

- When reporting achievement of an SA9 stretch activity, providers must submit an approved template listed on the SA9 Guidance (or a template that HHSC has approved if provider has requested an exception).
- The provider should also upload a narrative report addressing the two questions outlined in the Guidance document.



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October DY6 Reporting: Cat 3

Additional Information



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Tips for October DY6 Reporting



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- Consistency in measurement processes from year to year is critical to understanding changes in outcome performance.
 - If there are changes in the data collection or abstraction process from the previous year, describe these changes, the reason for the change and the potential effects on performance due to this change (if any) in the qualitative fields of the template.
- Respond to the qualitative questions in the template thoughtfully and clearly.
 - HHSC uses these responses to understand how the data was collected and identify situations where TA may be needed.
- Review the [MSLC resources](#) for common Category 3 reporting mistakes.



Common Causes of an NMI Determination



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- Template/Coversheet incomplete or not submitted
- Progress update not complete in the Cat 3 template
- Reported measurement period does not align with previously approved measurement period
- Template certification missing or incomplete
- Reporting performance against a baseline or PY marked as "CN*" without correcting the baseline or PY
- Stretch Activities (PM-11) are milestones separate from Category 3 or PFPM milestones. These milestones require additional documentation beyond the reporting template.
 - SA3 (Performance Evaluation) requires both the evaluation document and an HHSC SA3 Coversheet



Cat 3 Reporting Questions/Concerns



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- Because of the volume and complexity of Category 3, providers should contact HHSC as soon as possible with issues regarding October DY6 reporting of Cat 3.
- Providers that identify errors in previously reported rates in the Cat 3 reporting template should contact HHSC as soon as possible and **before October 20** explaining the error. In some cases, HHSC may give instructions for making corrections in the reporting template.

Providers should NOT report performance against a baseline known to be incorrect. HHSC cannot accept corrections to baselines referenced only in the qualitative fields of the reporting template.

- After the October reporting period, HHSC will have another Cat 3 Interim Correction period for outcomes that have already reported performance or are not eligible to submit corrections through the Reporting Template.

Reporting Resources

- [October DY6 Reporting Companion Document](#)
- October DY6 Reporting Webinar/ Presentation
- [Compendium of Category 3 Measures](#)
- [Category 3 Summary Workbook & Goal Calculator](#)
- [MSLC Summary of Findings for Category 3](#)



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Questions?
